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<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		<i>Complete if Known</i>	
<b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		Application Number	10/562,145-Conf. #5521
		Filing Date	December 23, 2005
		First Named Inventor	Kenichi MORIMOTO
		Examiner Name	N. Q. Ha
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2854
TOTAL AMOUNT OF PAYMENT		(\$)	120.00
		Attorney Docket No.	
		0951-0178PUS1	

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 02-2448		Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Utility	310	155	510	255	210	105
Design	210	105	100	50	130	65
Plant	210	105	310	155	160	80
Reissue	310	155	510	255	620	310
Provisional	210	105	0	0	0	0

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Small Entity	Fee (\$)	Fee (\$)
	50	25
	210	105
	370	185

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
12	- 20 = 0	x	=	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
3	- 3 = 0	x	=	

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 =	/50 = (round up to a whole number) x	_____	= _____

**4. OTHER FEE(S)**

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first month

Fee Paid (\$)

120.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	39,491	Telephone	(703) 205-8000
Name (Print/Type)	Michael R. Cammarata			Date	July 23, 2008